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1: Messing E-5 (1953-1954)1957 MP5 Amhara MP5

Table II: Bodily Ailments, Symptoms, Practitioners, Diagnoses, Treatment.

Ailment	Amharic Name	Practitioner	Diagnosis or Symptoms	Treatment
snakebite	"ebab"(snake) "gwlmit", very poisonous but rare; "täwarwari ebab", lowland cave snake (also "asil"), very poisonous, but rare on plateau. "talba ebab" brownish flax-snake, common, not poisonous, but believed to be. "zändo" (large python), not poisonous, infrequently encountered.	woggesha dabtära: prevents snakebite by writing amulet "Abuna Batra Maryam", and wrapping it in "tomätla" (mistletoe) leaves that keep snakes away. In presence of snake, lets shadow fall on it to immobilize it, saying: "He is born of virgin, without conception by a father, a and He has saved us; but it, that has misled Eve, the snake..."(which scares the snake away).	fang marks	cuts wound with razor (arab melach), also may cut flesh away. No sucking of blood for fear of poison. Stop bleeding with "let" leaves. Smears oily "nug" - cake on, for healing.
tonsilitis, chronic sore throat	"angar", or "entel" (lit. uvula)	woggesha	pain in throat, regarded as "sick uvula"	rips out part of soft palate with wire.
toothache	"leman yazä" (lit. the rot has seized it).	woggesha	toothache	"kills the demon that bites" by inserting a caustic medicine that eats into the gum; (actually a counter-irritant).

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Ailment	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
Ear infection	"qenqen" or "qetqet"	woggeaha	diagnosed as "buzzing insect that got into patient's ear".	"kills insect in ear" by caustic drops; (actually a counter-irritant)
cough (human) (donkey)		woggeaha		drink expectorant made from aloes ("erï"). feed donkey roasted "qärcho", a yellow thistle weed that grows in plowed fields.
tuberculosis (esp. pulmonary). 30% incidence estimated by Italians.	"mäggäña" (Galla: "arwe karhamu)	däbtära	coughing blood, leaving patient limp. Diagnosed as "threshhold demon named 'mäggäña', who entered patient in early morning", or "red snake in belly".	Purgative, made of root of rhubarb "mäqmäqo" (Rumex abyssinicus), boiled in butter. Magic "sacrifice of threshhold" of chicken or goat, and fumigation of hut with "woggärt". Spraying of holy water. If all are dead, abandon the hut. (Also, cauterization with hot pin).
tapeworm (taenia saginata) Very common.	"wäsfat"	woggeaha	noticed in stool; or, prophylactic after every "brundo" (raw beef) feast; or every 2 months.	Purgative (Vermifuge) made of "kosso" (Brayera anthelmintica, Quassia amara), prepared from the dry flowers, bark and twigs of this rosacious highland tree, while swallowing a dozen "enqoqo" seeds like pills. Produces a 3-day painful diarrhea.

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Ailment	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
bacterial dysentery. Very common.		woggesha	diarrhea	Only black tyeff grain may be eaten. If not cured, drink boiled leaves of "zïrch esbway" thistle (Solanum marginatum).
dysentery. Very common, esp. in market towns	"teqmat" (lit. what makes to sit down)	woggesha	diarrhea with blood	Purgative made of hottest "bärbäre" pepper called "mitmitta" (Capsicum abyssinicum) with smallest pods, taken in the evening together with raw beef ("brundo") after a day of complete fasting; the next morning, drink purgative kosso with engoco pills.
intestinal disturbances colic	angorba	woggesha	pains, much salivation	drink tea of "teferendo" bush, or of "tembïla" (Jasminum floribundum); or of "amerra" root (used also in tatooing as astringent). In mild cases, chew leaf of "tena adam" garden plant and swallow the juice.

(constipation, etc., is treated with mineral salt "ashal chäw," now with "English salt" (Epsom).

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Ailment	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
heart ailment. occasionally.	"leb bäshota" (lit. heart sickness)	woggesha	pains in heart region	antispasmotic drink made of honey of the wild bee "tazzema" (Apis Africana miaia).
conjunctivitis, trachoma, ophthalmia, eye diseases Very common.	"Mädära" or "Aynät" (female demons)	däbtära	eye inflammation, pain, incipient blindness	apply juice of "Ketketa" flower (Dodonea viscosa) by means of cotton cloth; then take vapor bath. Or use juice of aloes ("rüt"). Rub wrinkled leaves of "käsyē" (resembles thyme). Wear amulet recalling Jesus breaking the spell of the demon.
headache, migraine, neuralgia. Very common.	"feltät"	woggesha däbtära		Inhale fumes of burning leaves of "woggärt" plant or "zizewa" bush(which resembles elderberry). Shave area in back of head, make small incision with horn, sucking the blood. On Mary's birthday, leave chickpeas or other food for the birds.
hemorrhoids. common.	"kentarot"	woggesha	pains, (mostly in adults)	Astringent shrinks piles; made of the juice of certain secret roots, applied daily for a week.

Ailment	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
bleeding from wounds		woggesha		apply rolled and crumbled leaf of "let" plant to wound, to stop bleeding. apply aloes ("ṛ̈t") to promote formation of scar tissue.
excessive menstrual bleeding	"ÿädam abennät"	woggesha däbtära	diagnosed as female demon "Werselya"	Hang magic root under garment. Root bears name of illness, drives it away. Amulets.
miscarriage	"ÿädam ṭerät"	däbtära	demon Werselya	Peel this root and wear it. Amulets
barrenness Incidence as high as 25%	"ÿädam ṭefat"	däbtära	demon Werselya, believed to have "stopped patient's menstruation."	Specially written amulet, referring to King Susneyos' formula, hung on the neckcord.
chigger, sandflea infection. Common, esp. in dry lowland.	"moyalē"	woggesha		Pick out whole organism with needle, without breaking it.
muscular dystrophy, & other paralytic diseases.	"gwaya ankätäkkätäw" (lit. the gwaya plant has broken him).		diagnosed as due to "having walked through a field of this plant", or "having spilled water in which it was boiled, on one's leg". Symptoms: cross legged, pigeontoed walk.	No certain cure. Sometimes treated like the "mech" disease (general functional ailment).

Ailment	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
paralysis	"sefat"	woggesha dabtära	stroke, often fatal	No certain cure, Amulets.
struck by lightning	"mäbräq	woggesha dabtära	found unconcious diagnosed as "struck by thunder".	Carried to fireplace, kept warm. If patient dies, regarded as heavenly punishment, for hidden crime.
visible syphilis (early stage). Incidence syphilis 50-80% estimated by Italians.	"qiten"	woggesha dabtära	syphilitic sores	1st stage of treatment: Smear resin on sores, or "käbre" (sulphur). Intensive eating of bärbäre pepper (Capsicum abyssinicum) in order to salivate, for the disease is believed to come out with saliva; also the purgative kosso (as in cases of tapeworm), for same reason. (Magic): sacrifice male, black goat (to demon), drink its blood and eat it, for this omnivorous animal has eaten a variety of herbs that may help. Then purge 4 months. 2nd stage: Sweatcure at hot springs("filowa"), dedicated to a saint, for 40 days. Refrain from salt, drink much water. In some cases, drink sarsaparilla root (Smilax mauritanica) - (possibly recent diffusion).

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Ailments	Amharic Name	Practitioner	Symptoms or Diagnosis	Treatment
chronic syphilis (including "benign syphilis" resembling Arab "bejel"; neuroe syphilis extremely rare. Chronic and inherited syphilis believed common by physicians.	"werdə"	dabtära woggesha		Prophylactic treatment obtained by some from dabtära before exposure to syphilis is kept secret. Cures include crushing of "bessana" root with Kosso, ratio 1 : 2, which is dissolved in pure barley beer "talla gebs". This purgative is believed to bring out germ with diarrhea or vomiting.
gonorrhea (common - esp. in market towns)	"ṭhabeṭ" or "chebet" (lit. it squeezes me)	woggesha	believed caused from having urinated in sunshine. Symptom: pain and urinating with difficulty.	Same cure with "bessana" root purgative as in chronic syphilis.
smallpox other pox (occasional epidemics, now rarer)	"fəntəta" "litə"	woggesha	believed caused by morning-threshhold demon "maggäña" (See tuberculosis)	Vesicant to "bring out the rash" by rubbing "käbrə" (sulphur) on sores, or, if unavailable, saffron. Patient must not touch water until healed. Neighbors wait until after 7A.M. to drink cakes of food, so that they will not encounter the morning demon "mäggäña" on threshhold. Variolation with "kuffəñ" (mild pox or chicken pox, or taken from pus of sick person) especially in epidemics; sores are rubbed with honey.

Ailments	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
abscess or running sore	"quncher"	woggesha	believed caused by urine of certain moth.	"bring out rash" by rubbing with sulphur or resin. Ointment made from leaves of "enqoqo" bush used as anti scabies. Purgatives made from "bessana" leaves or from juice of euphorbia candelabra ("qolqwal"), drunk in fresh barley beer.
impetigo	"chefe"	woggesha	believed caused by washing in "bad water"	"bring out rash" by rubbing with sulphur.
white sore on hand; itch.	"lekäft"	woggesha	believed caused by having left water uncovered overnight, and washing hand in it the next morning. Pain, tendons affected. Believed non-contageous.	apply astringent leaf-compresses, e.g. from the "därch embway" flower with the little red fruit; or of the "embway" (yellow thistle).
other sore on hand	"chafe"	woggesha	believed contageous form of "lekaft"; much feared.	Cover sore with nug oil paste, and salt, to keep it from spreading.
scrofula	"näqärsa"	woggesha	symptoms on neck	"bring out rash" by rubbing with sulphur.

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Ailments	Amharic Name	Practitioner	Symptoms or Diagnosis	Treatment
leprosy (occasionally).	"lefe", "qomata", "läma"	woggesha	discoloration of skin, loss of nails, etc.	Combination of treatment of other sores. (Now treated by WHO with injection of sulphetrone, etc.).
scarlet fever (rare)	"lash"	woggesha dabtära	Peeling skin, sometimes falling hair, in children. Believed caused by female demon that specializes in hurting children.	"bring out rash" by applying sulphur to the itchy skin. Dabtara provides prophylactic as well as curative amulet against this demon.
typhus fever; If epidemic: "tässebo" (common in highlands)	"tälalafi bäsheta", "yänäfs bäsheta"	dabtära	Believed caused by certain demons.	Amulets. (Now free injections and immunization by government "dressers" at town markets).
relapsing fever (Fatality higher than typhus; louse-born in highland, tick-born in lowland).	"mech" or "mechdär"	dabtära woggasha	Patient believed struck by the demon of "hot fog", ("mech ättaw"). Same term used for sunstroke, and pneumonia. Symptoms include headaches, vomiting, violent fever, soon fatal. Illness believed brought on by sunstroke or eating spicy foods or green corn without washing mouth.	Febrifuge prepared from roasted "halgab" plant (which resembles mint), collected with great secrecy in the bush. "Mech mädhanit" (lit. Mech medicine) also uses other plants, the leaves of which are squeezed, and the juice is drunk, sniffed, and rubbed over body, with formulae being pronounced (magic)

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Ailments	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
malaria (common below 5000 ft. endemic below 3000 ft; epidemics in lowland market towns.	"nedad" (lit. burn) "tekwesat" (fever, generic) "woba" (boil)	woggesha	fever	Patient drinks febrifuge made from min-like herbs boiled in butter. Band with cold water placed on head.
rheumatism (common)	"qerṭemat"	däbtära	believed caused by "buda" evil spirit if believed due to possession by "lasy zar"	Drive evil spirit away with disagreeable odor of "chegun" plant stuffed in nose. Bribe the "adbar" outdoor zar spirit or the "qolä" zar with sacrifice of food.
		zar doctor		
arthritis or deforming rheumatism	"rih"	priest		Rebaptize patient at holy well ("täbil"); or advise him to go to a hot mineral spring dedicated to a saint ("filowa") for sweat cure.
rickets	"tela"	däbtära	swelling of bony joints; believed caused by demon of evil eye.	Amulet.
yellow jaundice	"wof zorräbbat" (lit: the bird turned directions over him	däbtära	skin discoloration, thick urin.	Amulet.

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Ailments	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
puerperal fever	"tekwesat" (generic, fever)	däbtära	believed caused by female, jealous, demon "Karima".	Amulet reciting victory of Solomon over Karima.
delirium	"buda" (evil spirit)	däbtära	believed due to "buda" possession.	Intoxicant drug "astänagär" Thornapple Jimsonweed (Datura stramonium) (lit. that which makes to talk) is drunk by patient so that he reveals the name of the specific evil spirit; then it can be exorcised.
epilepsy	"yäbarya bäsheta" "yabuda basheta" (evil spirit disease) (haut gal) "ganyën yazë" (lit. the djinn have seized him) "ebd" (have enslaved him)	däbtära	spasms, convulsions.	Same treatment as in delirium and rheumatism, or both.
			running amok, violent	Cast out "ganyën" by spells and exorcism. Or eat intoxicant paste of "assärkush täbbätäbkush" (Cissus adenautha) root. Exorcism of "buda" or "ganyen".
(St. Vitus) "nägärgär", or naqatqat"				

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Ailments	Amharic name	Practitioner	Symptoms or Diagnosis	Treatment
hysteria	"zar" (spirit, benign or evil)	zar doctor	(see zar cult) and "buda"	(see zar cult); Stimulant "aṣē faris" (stramoine datura) (lit. wood of Persia) is often preliminary treatment. The effect is agitated somnambulism, enabling patient to see the future, and the (evil) spirits that have attached themselves to him; esp. the "aynā tela" (lit. shadow eye), usually in shape of a woman, who spoils well-laid plans. Once her name is revealed, dabtära throws cold water on patient to reawaken.
chronic apathy (catalepsy)	"Tegorteya" (female demon)	zar doctor dabtära	(see zar cult) and "buda"	(see zar cult) and "buda"
insanity	"Waddegeni" (female demon)	zar doctor	(see zar cult)	(see zar cult)
amok			(see "ganyen")	

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11:Levine Z-4,5 (1958-1961)1965 MP5 Amhara MP5

paid increased attention in recent years. A new phase of public health endeavor in this decade was marked by the imposition of a nationwide health tax in 1960.

Health has become a prime objective in Ethiopia's modernization program because of a growing realization that the wide prevalence of malaria, tuberculosis, typhus, intestinal parasites, syphilis, trachoma, leprosy, and other diseases continues to sap the vitality of the nation's productive forces and to visit misery on countless peasant families. The public health forces in Ethiopia (Ministry of Public Health, WHO mission, and AID Public Health Division) have long understood that Ethiopia's health needs cannot be met by piecemeal therapy. They have undertaken a program of preventive measures by preparing public health teams in the medical college at Gondar. The college trains health officers, community nurses, and sanitarians within a common framework, so that when they go into the field they will understand each other's tasks from the start. The first public health center employing such a team was opened in the late fifties; Ethiopia's Second Five-Year Plan envisions one such center for every fifty thousand people by 1967.

The objective of these public health workers is to transmit a number of instructions—concerning personal hygiene, environmental sanitation, early care for illness, and isolation of contagious diseases—which are at variance with customary beliefs and practices. Experience with comparable programs elsewhere suggests that the success of such health teams is by no means assured.[18] What are the forces working for and against the acceptance of these new instructions by the Amhara peasantry? Both negative and positive factors may be identified with respect to each of the three general categories previously referred to: the general outlook regarding change; attitudes toward the agents of change; and degree of compatibility between the new cultural items and the old.

The Amhara peasant's general resistance to change may be presumed operative here as elsewhere, particularly since health practices are often associated with religious beliefs and sentiments. Defense of indigenous therapies has in fact become a significant channel for the expression of traditionalist sentiment, a channel that has even been utilized on occasion in the Addis Ababa newspapers.[19] And a general posture of resistance to changes in the field of health is supported by the interests of traditional practitioners, *dabtarā* and *ṭanquāy*, who are in danger of losing clientele if modern-trained health workers come to win their allegiance.

Counter to this conservative drag, on the other hand, is the peasant's powerful desire for one basic change in his life circumstances, namely, the reduction of morbidity and mortality. Despite his idyllic conception of paradise and his frequent contention that life on earth is something of little value, the Amhara wants to avoid death. Even from the religious point of view he is

11:Levine Z-4,5 (1958-1961)1965 MP5 Amhara MP5

*565 121 177 178 • 75 761 motivated to live as long as possible: the monk wants to live longer in order to get closer to God by prayer, and the worldly man wants to live long enough to atone for his sins so that he may enter paradise. Health thus rates as one of the most important values. The expressions for greeting and farewell stress health. Most of the prayers and vows offered have to do with achieving health. Long, painful pilgrimages are made for cures, and much money is spent for the remedies of native practitioners and for amulets to ward off illness. This powerful desire for health and life operates as a lever to overcome the resistance to change.

*565 121 177 829 Toward the bearers of new ideas designed to satisfy this desire for reduced morbidity and mortality, however, the peasant's stance is suspicious and unsympathetic at the outset. He regards Ethiopians who have been educated by Westerners as contaminated by alien norms and beliefs. They appear to him as Ethiopians, but also as strangers—as "black *faranj*"—with their European clothes and their unorthodox eating and smoking habits. He tends to distrust their motives, to suspect them of being out to take advantage of him in some way. And he resents their overt or implicit disparagement of his way of life, particularly his practices in so sensitive an area as sanitation.

*565 121 177 744 (554) Against such obstacles one cultural factor that serves to present the health worker as an acceptable agent of change is the Amhara peasant's deference to the man of learning. The public health worker is in a position to inherit some of the awe felt for the learned *dabtarā*, especially since the health teams operate out of centers which provide therapy as well as instruction, which gives them the benefit of association with the quasi-magical powers attributed to one who performs successful treatment. In addition, he can be aided by the Amhara peasant's personal devotion to someone who has helped him and won his confidence. Whether this devotion can be stimulated depends, in the last analysis, on the character and resourcefulness of the public health workers themselves. Those who are able to communicate in a dignified manner with the peasants, who avoid dealing with them as an inferior and backward people, who refrain from flaunting the most important local norms, and who are on good terms with local authorities and respected men, have a substantial chance of being accepted after an initial period of suspicion and alienation. Thus it was that a Gojjami peasant, asked why some of the local people were hearkening to the advice of the public health team at Dabra Marqos, explained: "We have come to realize that what you tell us to do is for our own advantage, not yours." Elsewhere in Gojjam, a similar response was the eventual issue of a more pronounced initial rejection of public health workers. In the village of Dajan doors were closed against a venereal disease team which was taking blood samples of the entire population for Kahn test analysis. Popular suspicion was voiced in a number of ways; the health workers were accused of selling blood, of being missionaries, and of otherwise trying

11:Levine Z-4,5 (1958-1961)1965 MP5 Amhara MP5

search and only to the highest grades of secondary school and college, three questions regarding unscientific beliefs were included. In a pilot study of sixty secondary school seniors and juniors, 42 per cent held the belief that "a person can be made sick by the evil eye of a *budā*," and 33 per cent believed that "too much learning results in madness." To the one question asked of my entire sample: "Do you believe that some learned *dabtarā* can cause rain to fall or stop?," 16 per cent of 500 secondary and 7 per cent of 200 college seniors and juniors said "Yes."

This persistence among the educated youth of traditional beliefs which run counter to the consensus of modern scientists has been attributed by Lord to the inadequacies of the Ethiopian school system. This is as might be expected, inasmuch as most Ethiopian teachers have had relatively little education themselves and the curriculum has necessarily been somewhat improvised and incomplete. Officials of the Ministry of Education have labored to overcome these deficiencies, and certain changes were in fact made in consequence of Lord's study which aim at combating the more dysfunctional of the prevailing superstitions.

It seems likely, however, that certain irrational dispositions are also involved here, dispositions to maintain the unscientific beliefs in spite of improvements in teaching methods and materials. One would predict this on the basis of general sociological understanding of the consequences of rapid social change. The disruption of the traditional belief systems brought about by the sudden dissemination of scientific beliefs inevitably creates insecurity, and a common reaction to such insecurity is to cling with increased tenacity to some of the old-fashioned beliefs which are closely identified with the traditional culture.[23]

One area in which this defensive "revivalism" can be observed in Ethiopia is that of medicine. Many Ethiopians who have received modern secondary education maintain that Western medicine, while useful in many cases, represents only one possible approach to the problem of sickness and health.[24] Thus, fifty-seven per cent of the secondary students questioned asserted that traditional Ethiopian medicines are effective all or most of the time, although such therapies include the eating of rancid butter to cure malaria or drinking holy water to cure serious functional disorders. Dr. Lord herself has reported an episode which throws much light on the psychology of this reaction:

> An Ethiopian colleague, a former teacher, warned me against drinking water in a certain provincial town on penalty of my catching malaria. He was challenged thus: "You are one of the better educated persons in Ethiopia; don't you know the cause of malaria?" He quickly, and eruditely, gave all the known scientific facts about malaria. Then he added, "You people from the United States (and the United Nations) think that this (the scientif-

11:Levine Z-4,5 (1958-1961)1965 MP5 Amhara MP5

ically established cycle) is the only way to catch malaria. We Ethiopians know better. We know that one can *also* catch malaria from drinking the water in places where the Anopheles breed."[25]

The ambivalence toward Western science represented by this statement and by the persistence of analogous attitudes among many educated Ethiopians undoubtedly brings the individuals in question a degree of security that would be lost were they to abandon the traditional, unscientific belief system *in toto*. Perhaps a more solid sort of security could be derived from a program of education which not only imparts scientific information and attitudes, but also educates people to adapt themselves to the changes which the introduction of science involves.

Taste.—In matters of taste, Ethiopia's modern adolescents range from extreme traditionalism to extreme Westernism, with most of them preferring both traditional and European or American patterns in varying proportions. Of food the students tend to prefer the traditional varieties, most popular of which are *doro wat* and *ǐnjarā*. Among Western foods they are fondest of pastries and Italian *pasta*. On the other hand, they are more inclined toward Western beverages than Ethiopian ones. The most popular Western beverages are, for the secondary students, soft drinks, and for the college students, beer; among Ethiopian drinks they prefer *ṭallā* first and milk second.

With regard to their manner of eating, the students' taste is traditional in that most prefer to eat nowhere but within the home, and to eat with their hands rather than use silverware; but it is Westernized in that most prefer eating at their own individual places rather than all together with others out of a common *ǐnjarā* basket. Opinion is most divided on the matter of exchanging *gurshā*, a morsel of food which one places in another's mouth. The slight majority who reject this old custom do so because they find it "noisy," "childish," "unsanitary," or simply "out of fashion"; while those who still enjoy it do so chiefly because it "expresses affection."

On questions of dress it should be noted that traditionally the Amhara have sentimentalized their going barefoot as well as their national costume. But because of the practical advantages of wearing tailored clothes at work and using shoes, and perhaps still more because of their high prestige in the modernizing sector, virtually all of the students prefer the European fashion in these matters. On the other hand, with respect to women's wear and the sort of dress to be worn on holidays, the great majority opt the Ethiopian *shammā*.

In their aesthetic interests the students' taste varies considerably according to the medium. With regard to poetry and music, Ethiopian forms are preferred to Western ones, while Western forms of painting and dance are more popular with them than Ethiopian. Poetry stands as the most appreciated of

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

nally, data were gathered relating to the modes of acquiring, exercising, validating, and conserving powers of prophylaxis, diagnosis, and therapy. Here, as in the other areas of data gathering, a necessary distinction was made between the perceptions of practitioners and those of their clients.

While the secular medical traditions of Ethiopia are exclusively oral, powerful cleric healers known as debteras have traditionally employed diagnositc, prophylactic, and therapeutic texts written in Ge'ez, the language of the Church, and in the vernacular. Numerous debtera texts gave been collected in the libraries of Europe and the United States, and valuable translations, most notably by Marcel Griaule, Deborah Lifchitz, and Stefan Strelcyn, have been published. These published translations, together with translations made in the field with the assistance of clerics, have been utilized in the writing of those sections of Chapter Four dealing with the debtera's medical texts.

Although the focus of this dissertation is limited to the region in which field research was conducted, it should not be overlooked that the Amhara share important cultural affinities with peoples, now largely Islamic, occupying lands extending from the eastern Mediterranean to the Persian Gulf.

The highlands of Begemder, Tigre, and Eritrea form

128 diagnostic, and therapeutic practices. The final step of the chapter compares these etiology types with the strategies used by healers for countering the effects of pathogenic agencies.

• 76 827 Amhara healer and layman use common sets of physiological and pathological notions; neither physiology nor pathology is conceived as a coherent body of knowledge in its own right, however. The Amhara does not often verbalize these notions, and, when he does, it is in ad hoc contexts, generally intrinsic to the selection of pmphylaxis or the administration of therapy. Thus, set down on the following pages as discrete subjects, Amhara physiology and pathology appear as collections of relatively simple notions, and of limited explanatory power when compared with the medical systems of other historical civilizations. Unlike those systems, the organization of Amhara medical beliefs and practices is dominated by concepts of practitioner power, its sources [128] and its therapeutic and prophylactic expressions. Those subjects are dealt with in the remaining chapters of this dissertation

AMHARA PHYSIOLOGY AND PATHOGENIC AGENCIES

829 Although most Amhara can identify the grosser body organs by name, even the knowledgeable anatomist can as-

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

TABLE 3

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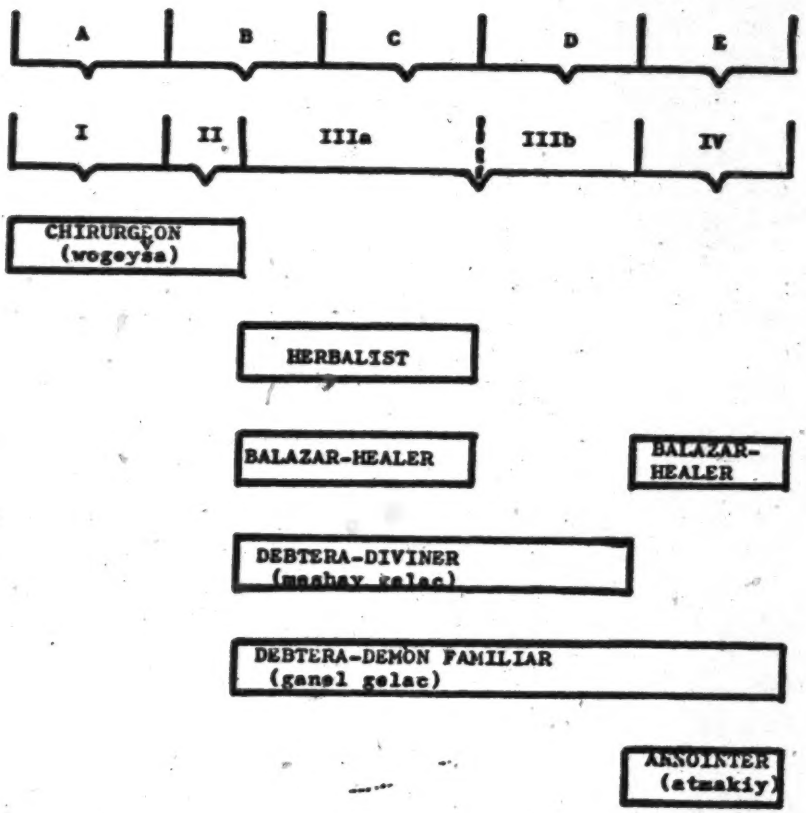
THE MEDICAL DOMAINS OF PRACTITIONERS



12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

TABLE 3 CONTINUED

75 Key to Table 3

ETIOLOGY TYPE (therapeutically significant feature)

A inappropriate alignment of body parts

B introjection or contact with inanimate pathogen

C introjection of self-conscious pathogenic agent

D introjection of heterogeneous inanimate pathogen

E magical or demonical causation

THERAPEUTIC STRATEGY (characteristic activity)

I physical manipulation of body parts

II excision of affected organ

IIIa expulsion or neutralization of the pathogenic substance

IIIb identification and expulsion of the pathogenic substance

IV persuade or compel the causal agent

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

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*759 therapies, for example, some practitioners contend that
[752] the single diagnostic massage for fracture is insufficient for setting a broken bone. They claim that a massage on each of three successive days is required; two days massage will not soften the bone enough for proper alignment, while four days massage may distort it. Similar numerological considerations in tagañ therapies relate to the manufacture of medicaments, the duration of the splinting period, the number of days during which atmit is consumed, and the number of repetitions required by the final massage. Because these numerological elements are considered inextricably bound, sometimes diffusely, to one or more other components of a therapy, they cannot be freely inserted into the therapies of other tagañs.

THE HERBALIST

• 75 The Amhara herbalist treats ailments caused by the ingestion or introjection of pathogenic substances into a victim, and by his superficial contact with such substances. In this section, ailments characterized by ingested or introjected pathogenic substances will be considered first. The assumptions made by Amhara herbal medicine are relatively simple here: In order to obtain a remission of the disease symptoms, the responsible

• 75 pathogen must be first identified and then expelled physically through one of the body's orifices. Most often, an emetic or purge is used to this end, although some therapies remove the pathogenic substance with diaphoretics, diuretics, or a combination of these medicines.

Amhara Pharmacology

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*759 Living within the region served by the Gondar market, an area of perhaps 50 km radius from the town, there are found a collection of herbalists who, as a body, own therapies for every ailment the Begemder Amhara regard as treatable by herbal medicine. Moreover, for any one of these ailments, there are several local herbalists, each claiming a distinctive herbal therapy for the sickness. (The distribution of herbalists is the subject of the following chapter, and presupposes an acquaintance with herbalist nomenclature, which is considered later in this
*757 chapter.) From a pharmacological point of view, the ef-
*278 fectiveness of any one herbal therapy is the produce of the following: 1) the strength of each active ingredient included in the "primary medicine" (medhaniyt); 2) techniques of gathering, processing, and administering the primary medicine. In the following paragraphs, each of these considerations is discussed in turn.

*278 Materia Medica. 1) Nearly all primary medicines

provided by kinsmen, neighbors, and lower grade herbalists who are familiar with the identity of professional colleagues in their own disease-name specialties. A client sometimes has difficulty finding local herbalists with which to staff a desired herbalist chain. The ("weak") debtera is often a "convenient" choice to fill this deficiency. He is a member of a class of practitioners who are famous for practicing therapies for a wide variety of ailments. Moreover, the debtera is conspicuous. In ecclesiastical performances, divination, and providing prophylactic amulets, he is observed and patronized by many residents of the district in which he lives. Thus, although potential clients may not know his therapeutic repertoire in detail, he is considered a potentially relevant practitioner about whom clients are always likely to make active inquiries.

The empirical chain is the product of non-medical as well as medical considerations. The client's non-medical interests include the cost of therapy, the discomfort associated with the therapy, and the distance which the client might have to travel to reach the therapist. Lower grade herbalists are always less expensive and generally less painful than higher grade ones, and the client is more likely to find a lower grade herbalist in his vicinity. So far as non-medical factors are considered in isolation, initial consultation with a

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lower grade herbalist is favored.

There are no obvious non-medical advantages, neither relative nor absolute, for the client who chooses a higher grade herbalist. An herbalist initiates the patient into no relationships which endure beyond the length of the therapy. The onset of a disease episode, particularly one characterized by a serious ailment, has important consequences for the relationships between the sickman and members of his household, and between him and other individuals to whom he is bound by important rights and obligations. These changes are generally perceived in terms of non-participation by the sickman, particularly in affective and subsistence contexts. However, consultation with an herbalist does not itself significantly affect the relationships. Submission to herbalist therapy, for example, does not validate a claim to a particular sickman state, since this is determined within the domestic unit, prior to professional consul-

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tation. Repeated therapeutic failure, far from discrediting the sickman's claims, can only escalate the seriousness of the epidose, moving it etiologically to the domain of ganela and zar---agents more worrisome prognostically than those against whom the herbalist works.

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The Weak Debtera-Healer in Table 6. In the abstract, laymen define the medical identity of all debtera-healers in terms of associations with spirit

[TEXT CONTINUED ON PAGE 93]

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*278 *769 632 are no debtera therapists, and, although there are several women who are members of zar coteries (and are, thus, balazar) none publicly practiced therapies which might have been obtained from zars or fellow balazars. In contrast, the following non-secular therapies are practiced in Gabrael sebeka:

	Non-secular therapies	Herbalist therapies
Balazar 1	7	
Balazar 2	7	
Balazar 3	8	
Debtera 1	6	
Debtera 2[20]	10	
Total	40	31
% of all therapies of Gabrael sebeka	56%	44%

*278 *769 369 In summary, then, herbalists figure less prominantly in the town than in the countryside. The townsman more frequently omits them from relevant practitioner chains, or limits them to the initial consultation in such chains. 369 However, from the perspective of the system of Amhara 75 medical beliefs, this contrast between town and country

[20] In ecclesiastical terms, this man is not entitled to the title of "debtera".

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369 has no important consequences, and, in terms of Amhara
• 76 medical practices, the contrast is statistical rather
than substantive.

*787 *793 869 *[278] is better able to obtain new abinet, since his own growing repertoire increases the possibility of arranging abinet exchanges with other debteras. Moreover he is better equiped to utilize them; he has learned much of the Ethiopian herbal pharmacopeia, and is able to identify botanicals by the Ge'ez nomers with which they are frequently designated in the recipes of abinet therapies [198] and kitabs. Similarly, his mastery of Ge'ez makes possible the acquisition of complex digams.

• 75 639 *[192] In addition to acquiring individual recipes, debtera-healers also seek out encyclopaedic treatices. These are inventories of recipes, bearing Ge'ez titles such as "book of medicine for diseases for all parts of the body" (metshafe medhaniyt lekwiylown deweyate akalat). In these books, recipes are grouped according to diseases; the diseases are, in turn, classified according to the part of the body that they affect, ar- [177] ranged from head to feet. Stefan Strelcyn (1965), after close examination of four such manuscripts, has commented on the substantial uniformity of their contents and the remarkable similarities which they share with the third and fourth books of Avicenna's Canon of Medicine.

*793 *765 *756 While such treatises contain hundreds of recipes, their significance for the practice of Abyssinian medicine is limited by the character of their pathogenic interests. As seen by his clients, the debtera's thera-

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*787 539 months, and years (gemena) which are non-propitious for the subject's well-being, 2) the age to which the subject will probably live and the age (always markedly longer) to which he may live if appropriate prophylaxes are employed, 3) bad omens (often indicated as a color of men, animals, or land), 4) dangerous places and environmental conditions. (The text likewise indicated propitious dates, omens, and places.) In addition, the text describes the subject's social persona and the responses it will (eventually) elicit from the people with whom he interacts.

*787 539 • 75 While the kokob text addresses a variety of interests, the texts of the second awdunigist category are more specialized. From a medical point of view, these texts can be divided into the following six types, according to the services that each provides:

1. These are exclusively medical texts, providing detailed information of prophylactic, diagnostic, and therapeutic utility, and coinciding with the range of medical interests considered by the kokob text. This information is relevant to the period specified by the debtera in his calculations.

[794] 2. These texts name the saints, angels, and biblical persons who are particularly disposed to assisting the subject. Although this information is not exclusively of medical relevance, it is useful for constructing the

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kitab and addressing personal petitions by the client.

3. These texts provide prognosis for the subject's (unspecified) ailments. Prognoses are generally given as combinations of the following oppositions: a)life : death, b)(if life,) complete recovery : lingering ailment or disability, c)(if complete recovery,) rapid recovery : slow recovery.

4. These texts indicate medical information, generally specifying pathogenic agents and named ailments, which threaten this subject during the period specified by the debtera in his calculations. The information is, however, cursory and often mixed with matters of no real medical significance.

5. These texts provide general indications of the dangers and misfortunes which threaten the subject, but fail to indicate whether these misfortunes affect the subject's health. Such texts enable the debtera to inquire about periods (year or month of a specific year) which are of special interest to the debtera and his client. Here, the debtera includes in his calculations the numerical values of the year or month and year about which the inquiry is being made. Often, these texts also indicate what segment of the specified period is particularly threatening.

6. These texts provide no information of likely medical importance, but consider matters such as propi-

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tious occupations, journeys and marriages (thus paralling information also given in the kokob text).

Appendix D provides illustrations of medically relevant information which can be obtained from awdunigist texts.

In the main, a debtera acquires awdunigist texts individually, just as he collects digams, kitab recipes, and herbalist therapies.[30] Awdunigist repertoires therefore vary in comprehensiveness from debtera to debtera. Moreover, "definitive" versions of awdunigist texts are unknown; whatever their common origins may have been, extant texts are probably unique products of many adventitious deletions and additions. Deletions are most likely when texts are transmitted from seller to buyer. At that time, details are sometimes withheld by the seller, in order to secure additional payments, or as a bond

[30]Over the last three decades, the accessibility of awdunigist texts has been affected by the publication, in Asmara, of a collection of these texts. Most are in Amharic, but perhaps a quarter are in Ge'ez entirely or in part. Although many debteras demean these texts, they are in fact used, particularly by "weak" debteras. Public illiteracy, ignorance of the book's existence, of where it can be obtained, of the precise manipulations it requires, together with the limited utility its contents hold for the layman, and the fear of putative satanic associations have prevented its diffusion to the debtera's public, however.